

LOWER SAUCON AUTHORITY

3706 Old Philadelphia Pike

Bethlehem, PA 18015

610-317-3212

Fax: 610-317-3216

administrator@lowersauconauthority.org

APPLICATION FOR: **WATER** **SEWER ALLOCATION / RESERVATION**
 SEWER FACILITIES PLANNING REVIEW

Name of Applicant:	Address of Applicant:	Phone No.
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Owners Name / Address / Phone No. if Different from Applicant

Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Developer <input type="checkbox"/> Other	Type of Dwelling: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:30%;"></td> <td style="width:15%; text-align: center;"><u>Water</u></td> <td style="width:15%; text-align: center;"><u>Sewer</u></td> </tr> <tr> <td><input type="checkbox"/> Residential</td> <td>No. of Units</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Industrial*</td> <td>Gallons Per Day</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Commercial*</td> <td>Gallons Per Day</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table> <p style="font-size: small;">*Commercial / Industrial uses may be required to provide additional information.</p>			<u>Water</u>	<u>Sewer</u>	<input type="checkbox"/> Residential	No. of Units	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Industrial*	Gallons Per Day	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Commercial*	Gallons Per Day	<input type="text"/>	<input type="text"/>	Date of Request ___/___/___ Tax Map Number <div style="border: 2px solid black; height: 20px; width: 100%;"></div>
		<u>Water</u>	<u>Sewer</u>															
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<input type="checkbox"/> Commercial*	Gallons Per Day	<input type="text"/>	<input type="text"/>															

I understand that this is only a request, and will abide by all Rule and Regulations of the Authority. An allocation fee deposit is required within seven (7) days of approval.

Signature of Applicant (required): _____ Date ___/___/___

Describe Location of Property:

Address: _____

Located on: _____ (Road) between _____ and _____

FOR OFFICE USE ONLY	
Processing Fee - \$200 Received By: _____ Date Received: ___/___/___ Letter of Serviceability <input type="checkbox"/> Attached Notes: _____ _____	Approved: <input type="checkbox"/> Approved as Noted <input type="checkbox"/> Not Approved – Resubmit <input type="checkbox"/> By _____ Date ___/___/___